



City of Lawrence

2015 Social Service Funding Application – Non-Alcohol Funds

Applications for 2015 funding must be complete and submitted electronically to the City Manager's Office at ctoomay@lawrenceks.org by 5:00 pm on Friday, May 2, 2014. Applications received after the deadline **will not** be reviewed by the Social Service Funding Advisory Board.

General Information: Each year, the City Commission considers requests for the allocation of dollars to a number of agencies that provide services benefiting the Lawrence community. These funds are to be used to support activities that align with the Community Health Plan which was developed with input from many people throughout the community. The five areas for the plan are listed below:

- Access to healthy foods
- Access to health services
- Mental health
- Physical activity
- Poverty and jobs

More information on the Community Health Plan can be found at <http://ldchealth.org/information/about-the-community/community-health-improvement-plan/>.

Applications will be reviewed by the Social Service Funding Advisory Board at meetings held from 8:00 a.m. to 12:00 p.m. on May 23 and May 30. **Applicants are asked to make a contact person available by phone at that time in case questions arise.**

Following their review, the Advisory Board will forward recommendations for funding to the City Commission. Recommendations will be based upon the following criteria:

- availability of city funds
- the stated objectives of the applicant's program
- alignment of the program with the Community Health Plan
- the efforts to collaborate and create a seamless system of support for residents
- outcomes that move program participants from total dependency toward measurable levels of independence
- ability to measure progress toward the program objectives and the Community Health Plan
- past performance by the agency in adhering to funding guidelines (as appropriate)

The final decision regarding funding will be made by the City Commission when they adopt the Annual Operating and Capital Improvement Budget in August.

Please note that funds will be disbursed according to the following schedule unless otherwise agreed to in writing:

- First half of funds will not be disbursed before April 1
- Second half of funds will not be disbursed before October 1

Questions? Contact Casey Toomay, Budget Manager at ctoomay@lawrenceks.org or at 785-832-3409.



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SECTION 1. APPLICANT INFORMATION

Legal Name of Agency: _____
Name of Program for Which Funding is Requested: _____
Primary Contact Information (must be available by phone 5/23/14 and 5/30/14 from 8 a.m. to 12:00 p.m.)
Contact Name and Title: _____
Address: _____
Telephone: _____ Fax: _____
Email: _____

SECTION 2. REQUEST INFORMATION

- A. Amount of funds requested from the City for this program for calendar year 2015: \$_____
B. Will these funds be used for capital outlay (equipment or facilities?) If so, please describe:
C. Will these funds be used to leverage other funds? If so, how:
D. Did you receive City funding for this program in 2014? If so, list the amount and source for funding (i.e. General Fund, Alcohol Fund, etc.):
1. How would any reduction in city funding in 2015 impact your agency?
2. If you are requesting an increase in funding over 2014, please explain why and exactly how the additional funds will be used:

SECTION 3. PROGRAM BUDGET INFORMATION

- A. Provide a detailed budget for the proposed program using the following categories: personnel (list each staff position individually and note if new or existing), fringe benefits, travel, office space, supplies, equipment, other.
B. What percent of 2015 program costs are being requested from the City?
C. Provide a list of all anticipated sources of funding and funding amount for this program in 2015:

SECTION 4. STATEMENT OF PROBLEM / NEED TO BE ADDRESSED BY PROGRAM

- A. Provide a brief statement of the problem or need your agency proposes to address with the requested funding and/or the impact of not funding this program. The statement should include characteristics of the client population that will be served by this program. If possible, include statistical data to document this need.
B. How was the need for this program determined?
C. Why should this problem/need be addressed by the City?
D. How does the program align with the Community Health Plan (see page one)?

SECTION 5. DESCRIPTION OF PROGRAM SERVICES

- A. Provide a brief description of the service you will provide and explain how it will respond to the need you identified in Section 4. The description should include how many clients will be served, and should describe as specifically as possible the interaction that will take place between the provider and the user of the service.
B. What other agencies in the community are providing similar types of services. What efforts have you made to avoid duplication or coordinate services with those agencies?

SECTION 6. PROGRAM OBJECTIVES

Please provide three specific program objectives for 2015. Objectives should demonstrate the purpose of the program and measure the amount of service delivered or the effectiveness of the services delivered. A time frame and numerical goal should also be included. Examples include, "75% of clients receiving job training will retain their job one year after being hired," "increased fundraising efforts will result in a 15% increase in donations in 2015," "credit counseling services will be provided to 600 clients in 2015," etc. Applicants will be expected to report their progress toward meeting these objectives in their six-month and annual reports to the City.